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FACSIMILE TRANSMISSION COVER LETTER

DATE: 4/12/00

NAME: COMMISSIONER OF PATENTS AND TRADEMARKS
EXAMINER: JULIE LIEU

COMPANY: GROUP: 2736

FAX NUMBER: 703-308-6743

FROM: H. GORDON SHIELDS

TOTAL NUMBER OF PAGES, INCLUDING THIS COVER LETTER. 6

RE: PATENT APPLICATION OF JEFFREY C. BROWN, 09/398,274, FILED 9/20/99

MESSAGE:

Official

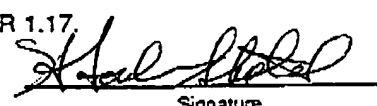


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FACSIMILE OPERATOR: JUDY

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AMENDMENT TRANSMITTAL LETTER				Docket Number (Optional) 9920	
Application Number 09/398,274	Filing Date 9/20/99	Examiner J. LIEU	Group Art Unit 2736		
Invention Title BRAKE LIGHT APPARATUS					
<p>TO THE COMMISSIONER OF PATENTS AND TRADEMARKS Transmitted herewith is an amendment in the above - identified application.</p> <p><input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.</p> <p><input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.</p> <p><input checked="" type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> The fee has been calculated as shown below:</p>					
CLAIMS AS AMENDED					
<div style="display: flex; justify-content: space-around;"> (1) (2) (3) </div>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	*	minus **		x \$22	
INDEPENDENT CLAIMS	*	minus ***		x \$76	
MULTIPLE DEPENDENT CLAIM ADDED				\$230	
				TOTAL	\$
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL	\$
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3</p> <p>** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3".</p> <p>The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <p><input type="checkbox"/> Please charge Deposit Account Number _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account Number _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Any additional filing fees required under 37 CFR 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
<u>4-12-2000</u> Date				 Signature	

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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